

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service (DOS) 06/12/01?
 - b. The request was received on 06/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/24/01. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/24/02. The response from the insurance carrier was received in the Division on 08/07/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 06/12/02
"We appropriately billed for a physical performance evaluation using CPT code 97750, which is defined as a musculoskeletal or functional capacity according to the definition on page 60 of TWCC Medical Fee Guidelines. We have provided adequate documentation that meets the definition of a musculoskeletal evaluation."

2. Respondent: letter dated 08/07/02
 “It is the (Carrier’s) position that this charge for a PPE, an incomplete FCE or an improperly coded muscle test is not medically valid nor reimbursable under TWCC statute, and certainly not reimbursable based on a lack of documentation to support the medical necessity of these billed charges.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 06/12/01.
2. The Carrier’s EOB has the denial, “F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PERFORMED ARE NOT REIMBURSABLE AS BILLED.” The Carrier’s letter dated 12/19/01 that was responding to the provider’s request for reconsideration states, * “Physical Performance Testing does not provide the depth of information as defined by FCE definition and ground rule (1) (E) (2) and are not reimbursable.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/12/01	97750	\$344.00 (8 units)	\$0.00	F, *	\$43.00 per 15 min unit	Texas Workers’ Compensation Act & Rules, Rule 133.304 (c) & 133.307 (j)(2); MFG, CPT descriptors	Rule 133.307 (j)(2) limits the carrier’s response to denial reasons raised prior to the filing of the medical dispute. The carrier’s response discusses medical necessity of the billed PPE, an issue not raised prior to the request for dispute resolution. The issues prior to requesting dispute resolution are proper coding and documentation of the billed PPE in comparison to a FCE. The carrier does not provide a sufficient explanation of its denials to allow the provider to respond. The medical documentation indicates the services were performed as billed. Therefore, reimbursement of \$344.00 is recommended.
Totals		\$344.00	\$0.00				The Requestor is entitled to additional reimbursement in the amount of \$344.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$344.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of November 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division